Wisconsin Department of Regulation & Licensing
Monitoring
Therapy Report Form

If you have any questions regarding this report, please contact the Monitor at 608-267-3817.
Please provide as much detail as possible (use back of page or additional sheets, if necessary).

Patient/Client's name:_____

Inpatient treatment? _____ Outpatient treatment? _____
Does treatment consist of individual sessions? _____
Does treatment consist of group sessions? _____
Type of Group:_____ Facilitator: _____

Dates of sessions in the last 3 months:

_____
_____

Please discuss client's progress in treatment over the past 3 months:

_____
_____
_____

Please discuss treatment plans for the next 3 months:

_____
_____
_____

Are you recommending any modifications to the Order? _____ If yes, please specify:

_____
_____
_____

Do you feel this client is able to competently practice in his/her professions? _____
If no, please explain:

_____
_____
_____

Prognosis?

_____
_____
_____

Please describe difficulties encountered in providing services for this client to meet the requirements to maintain their license:

_____
_____
_____

If client has an alcohol/drug impairment, please answer these additional questions:

Please discuss acceptance of addictive disease and his/her willingness to acknowledge and accept the consequences of the disease:

_____
_____
_____

Please discuss concerns you have regarding this client's recovery:

_____
_____
_____

To the best of your knowledge, is this client remaining abstinent? _____

To the best of your knowledge, is this client having difficulty in remaining abstinent?

_____
_____
_____

Number of AA/NA or self help meetings client attends per week? _____

Please attach any drug screen results that you may have for this client.

_____ _____
Signature of Therapist Date

_____
Print name of therapist and title

_____
Name and address of treatment facility

(____)_____
Phone number

Please feel free to attach any additional information you wish to bring to the Monitor's attention.

Please mail or fax this form every three months to:

ATTN: Department Monitor
Wisconsin Department of Regulation & Licensing
PO Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264